

MONTANA STATE ELECTRICAL BOARD

PO Box 200513
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Helena MT 59620 - 0513
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E-mail: dlibsdele@mt.gov
Website: <http://www.electrician.mt.gov>

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
(Please allow 14 days for processing from the date that the Board has a complete application)

APPLICATION FOR: MASTER ELECTRICIAN

Method of Application - Please check only one (see instructions for details)

BY: ☐ Five Years Experience ☐ Electrical Engineer and One Year Experience
☐ Electrical Trade School and Four Years Experience

Fee: \$120.00 Application by exam

☐ \$20.00 Temporary journeyman work permit (fee is in addition to application fee)

Social Security Number _____

Full Name _____
Last First Middle

Other Name(s) Known By _____

Gender _____ Date of Birth _____ E-mail Address _____

Please indicate you preferred mailing address

☐ Home
☐ Business

Residential Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business (Present Employer) Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business Name _____

1. LICENSURE INFORMATION: All applicants must answer the following questions.

- a. Have you ever applied for or taken a Montana electrical examination? ☐ Yes ☐ No

Type of Exam: _____

- b. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, you will need to complete a "Request for Modification of Electrical Exam" form and submit a letter from your physician detailing what accommodation is needed. Forms are available on our website at www.electrician.mt.gov ☐ Yes ☐ No

- c. List all active state issued electrician licenses granted to you. Attach a copy of the license.

State or City	License Number	Issue Date	Expiration Date	License Method	License Type
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. EDUCATION:

- a. Do you hold an electrical engineer degree from an accredited school? ☐ Yes ☐ No
If yes, attach a copy of your transcripts.

- b. Are you a graduate of an electrical trade school? ☐ Yes ☐ No
If yes, attach a copy of your transcripts. (Board members will evaluate a trade school on a case by case basis).

All applicants must answer the following questions.

If you answer "yes", provide a detailed explanation on a separate sheet of paper:

	YES	NO
1. Do you intend to practice in the State of Montana?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever previously applied for a license to practice in Montana? If yes, give date, and results.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been denied licensure or the opportunity to take this profession's licensing examination in any state or country? If yes, attach an official document.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever withdrawn an application for licensure? If yes, please give the state and reasons for withdrawal.	<input type="checkbox"/>	<input type="checkbox"/>
5. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license during a disciplinary investigation of your practice, or entered into a consent agreement respecting your license during a disciplinary investigation? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations.	<input type="checkbox"/>	<input type="checkbox"/>
7. Has any legal or disciplinary action been filed against you, which relates to the propriety of, or your fitness to practice this profession (e.g., malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have criminal charges pending or have you ever plead guilty, forfeited bond, or been convicted of a crime (Including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16 th birthday. If yes please attach a detailed explanation.	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you any physical or mental condition, which has adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation.	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you used alcohol or any other mood-altering substance in a manner, which adversely affected your ability to practice this profession? If yes, attach a detailed explanation.	<input type="checkbox"/>	<input type="checkbox"/>

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Plumbers.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant

Date

MONTANA STATE ELECTRICAL BOARD
POB 200513
HELENA, MT 59620-0513

MASTER EXPERIENCE VERIFICATION AFFIDAVIT

Make a copy of this form for each employer you want to be considered for verification. This form must be returned to the above address before your application may be considered. All fields must be completed.

1. Name of applicant: _____
Last First Mi

Applicant address: _____
City State Zip

2. Name of Electrical Contracting Business who employed the above applicant:

Please print name of firm, partnership or corporation

Address of employer: _____
City State Zip

Phone # of Contractor: _____

3. Position held by the above applicant: _____

4. Dates of employment: from _____ to _____

5. Breakdown of hours: (MINIMUM OF ONE SECTION MUST BE COMPLETED) **Please see 37-68-304 MCA, 24.141.501 ARM for specific requirements.**

Legally obtained practical experience in planning, laying out, or supervising the installation and repair of wiring apparatus, or equipment for electrical light, heat and power. Do not include any hours the above named applicant was working under an apprenticeship.

_____ Hours of Experience

I HEREBY CERTIFY THE ABOVE TIMES AND DATES OF EMPLOYMENT, THE TYPE OF ELECTRICAL WORK PERFORMED DURING THE APPLICANT'S EMPLOYMENT AND THE INFORMATION IS TRUE AND CORRECT.

Signature of Employer

Date